

Nevada Department of Taxation
Request For Continuing Education Credit or Addition to Transcript

Return this form to:
Division of Local Government Services
1550 College Parkway
Carson City, Nevada 89706

Step 1. Please provide the following contact information:

Name	Job Title	Employer
Street Address or P.O. Box	City	State Zip
Daytime telephone	Fax Number	E-mail Address

Step 2. Please tell us what course(s) you want added to your transcript. Attach a list if there is not enough space below. (If you don't know what is already on your transcript, please call the Department for a copy.)

I request the following course(s) be added to my transcript:

Course Title and Number _____ Number of proposed credit hours: _____

Date Taken: _____ Course Provider: _____

Please attach the certificate of completion. If the certificate of completion is not attached or previously provided to the Department, your request cannot be granted.

Step 3. Please tell us if you want the Department to consider granting credit for continuing education requirements pursuant to NRS 361.223(1), for the course(s) you listed above or on an attached sheet.

I am requesting the course listed above be considered for credit at this time. Yes _____ No _____
(If you want to request credit for the course listed above at some later date, you may do so.)

This course was previously submitted and already appears on my transcript. Now I would like to have credit granted. Yes _____ No _____ Certificate Attached? Yes _____ No _____

If you answered no, was the certificate previously submitted? Yes _____ When? _____

Have you ever taken this course before? Yes _____ No _____ If yes, when? _____

Has this course been previously approved by the Appraiser Certification Board? Yes _____ No _____ Don't know _____

Step 4. Sign and date this form.

Name _____
Date

Verification of Continuing Education, to be completed by Department

Number of Credit Hours Granted: _____ Number of Credit Hours Appearing on Transcript: _____

Applied to five-year period beginning and ending: _____

Reason for denial of credit, if any: _____

By:

Division of Local Government Services _____
Title Date

Reviewed by:

Division of Local Government Services _____
Title Date

Questions? Call Leona Hopper at 775-684-2044.